

Message Text

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ACTION SS-15

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TAGS OVIP (CARTER, ROSALYNN), BR

SUBJECT: PRESIDENTIAL TRIP - MRS. CARTER'S SCHEDULE

REF: BRASILIA 2199

1. BACKGROUND INFORMATION ON MENTAL HEALTH PROGRAMS IN BRAZIL
FOLLOWS.

2. BRAZILIAN HEALTH AUTHORITIES ESTIMATE THAT 18 PERCENT OF THE
BRAZILIAN POPULATION (20 MILLION IS PREDISPOSED TO SUFFER SOME
MENTAL DISTURBANCE AND 15 MILLION ALREADY DO. IN 1973 (THE
LAST STATISTICS AVAILABLE), OUT OF 40 MILLION VISITS TO THE
GOVERNMENT
HEALTH SERVICE, 1.2 MILLION WERE PSYCHIATRIC CASES AND OF THESE
15 PERCENT WERE COMMITTED TO INSTITUTIONS. ONCE RELEASSED, MORE
THAN HALF ARE RECOMMITTED. 15 PERCENT OF ALL THOSE COMMITTED IN
A YEAR ARE FOR ALCOHOLISM. NINE PERCENT OF THE BUDGET FOR THE
GOVERNMENT'S HEALTH SERVICE IS SPENT ON PSYCHIATRIC ASSISTANCE.
THE SITUATION OF RETARDED CHILDREN IS PARTICULARLY BAD IN GOVERNMENT
PROGRAMS. THE GOVERNMENT HANDLES LESS THAN TWO PERCENT OF ALL
TREATMENT IN THIS AREA, WHILE ONE PRIVATE ORGANIZATION (APAE--
ASSOCIATION OF PARENTS OF EXCEPTIONAL CHILDREN) IS RESPONSIBLE
FOR OVER 90 PERCENT.

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2. UNTIL 1977, THE ENTIRE MENTAL HEALTH BUDGET OF THE FEDERAL
GOVERNMENT WAS SPENT IN THE RIO DE JANEIRO AREA, ON HOSPITALS
WITH 5,000 BEDS. THE AVERAGE STAY IS 60 DAYS AND 30 THOUSAND
PATIENTS ARE TREATED PER YEAR. IN 1977 AND 78, ABOUT TWO MILLION
DOLLARS (ONE-FOURTH THE RIO BUDGET) WAS BUDGETED FOR MENTAL HEALTH
PROGRAMS IN THE REST OF THE COUNTRY, UNDER THE NEW PROGRAM OF OUT
PATIENT AND HOME CARE.

3. IN 1977, THE MINISTRY OF EDUCATION AND CULTURE SIGNED AN AGREEMENT WITH THE MINISTRY OF WELFARE FOR MORE EFFECTIVE HANDLING OF RETARDED CHILDREN. THE AGREEMENT DESTINES FUNDS FOR TWO AREAS--EDUCATION WITH CONSTRUCTION OF SPECIAL SCHOOLS AND TRAINING FOR SPECIAL TEACHERS: AND SOCIAL WELFARE, SINCE THE MAJORITY ARE FROM THE LOWER CLASS.

4. THE MINISTRY OF HEALTH IS IMPLEMENTING A NEW "INTEGRATED PROGRAM IN MENTAL HEALTH" WHICH WILL EMPHASIZE OUT PATIENT TREATMENT AND THE PREVENTION OF MENTAL HEALTH PROBLEMS. COMMITMENT WILL BE UNDERTAKEN ONLY WHEN THE PATIENT IS A THREAT TO HIS OWN OR OTHER LIVES. THE FIRST STEP IN THE PLAN WILL BE PREVENTIVE MEASURES AMONG HIGH RISK GROUPS--EXPECTANT MOTHERS, MOTHERS, ADOLESCENTS AND THE ELDERLY. THE PLAN CALLS FOR COUNSELING WITH FAMILIES ABOUT PARENT-CHILD RELATIONS, COUNSELING WITH MOTHERS TO LESSEN POST PARTUM DEPRESSION, AND WITH ADOLESCENTS, COUNSELING WILL COMBAT ALIENATION, DRUG USE AND JUVENILE DELIQUENCY. IN 1978, THE MINISTRY WILL RECEIVE 15 BILLION CRUZEIROS ABOVE ITS NORMAL BUDGET OF FIVE MILLION FOR SPECIAL PROGRAMS WHICH INCLUDE MENTAL HEALTH.

5. POINTS TO AVOID:

A. PUBLICATIONS IN THE FIELD-THE BRAZILIAN REVIEW OF MENTAL HEALTH CEASED PUBLICATION IN 1970 AND THE MINISTRY IS DEFICIENT IN THE AREA OF PUBLICATIONS.

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B. AREAS OF JURISDICTION BETWEEN THE MINISTRY OF HEALTH AND THE MINISTRY OF SOCIAL WELFARE. IN GENERAL THE MINISTRY OF HEALTH HANDLES PREVENTION AND THE MINISTRY OF SOCIAL WELFARE IS RESPONSIBLE FOR TREATMENT INCLUDING HOSPITALS AND SANITARIUMS. HOWEVER, THE MINISTRY OF HEALTH IS AT THE MOMENT RESPONSIBLE FOR THE LATTER.
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